

skull. I think that Rindfleisch saw the same microscopical appearance as my sections presented, but he regards the fibrillation and cell deposit lining the decalcified trabeculæ as being another downward grade in the process of its conversion into mucoid material, and a stage of degeneration, while I regard the fibrous tissue as *an effort to strengthen and repair*, by a callus, which is, owing to the recuperative power in the individual, unprovided with lime salts."—*Brit. Med. Jour.*, vol. ii, 1887.

H. H. TAYLOR (London).

II. Case of Axe Wound of the Skull. By DR. HEINRICH I. RODZEWICZ (Nijni-Novgorod Russia). An old, but hale and sound rustic parson, æt. 56, was struck on the head with an axe. A couple of hours later the writer found the old man lying in bed quite conscious and quiet. He got up and walked with some support to a sofa near a window to be better examined. About the middle of the right parietal region there was present a clean cut, slightly gaping wound measuring $4\frac{1}{2}$ cm. in length and penetrating down to the brain which could be seen through the gaps in the dura mater. On clearing the surface of the latter, two fragments of the inner table of the parietal bone each about $2\frac{1}{2}$ cm. long were found and removed. There was but a trifling hæmorrhage. The edges of the skull fissure were slightly everted. Neither vomiting nor any cerebral symptoms, except a severe headache were present. Having cleansed the whole injured area with cotton-wool soaked in an alcoholic solution of salicylic acid, the writer stitched the scalp wound with six carbolized silk sutures, applied salicylic cotton-wool, and above it a large lump of snow in a table napkin. Contrary to all expectations, the old man made a good recovery. When visiting Dr. Rodzewicz about three months later, the patient was quite cheerful and only complained that his hearing on the *left* side had grown worse after the accident. His wound was found to be completely united.—*Rüsskaia Meditzina* No. 38, 1887.

III. Compound Comminuted and Depressed Fracture of the Skull, with Lacerated Wound of the Brain; Trephining; Recovery. By DR. IVAN A. PRAKSIN (St. Petersburg). A

boy, æt. 15, received a violent blow on his head with a heavy iron rod. When brought to the Mariinsky Hospital shortly afterwards, he was quite conscious. In the left temporal region of the frontal bone there was found a scalp wound, $4\frac{1}{2}$ cm. long, leading down to a fissure in the skull, from which lumps of a bruised brain-substance were seen escaping. A half an hour later, the boy was brought under chloroform, and the scalp wound enlarged. A gaping fracture, about 4 millimetres broad, presented itself, through which a lacerated wound of the dura mater, measuring $1\frac{1}{2}$ inches in length, could be seen. Having widened the gap in the bone with a chisel, Dr. Praksin removed several depressed fragments, as well as blood clots and brain-detritus, washed out the wound with an antiseptic solution, plugged the cavity in the brain with iodoform gauze, covered the skull-contents with six layers of the gauze, bringing the latter well under the edge of the skull-opening, and then applied an antiseptic dressing over the whole injured region of the head. The progress of the patient was quite normal. On the 14th day the boy got up. On the first change of the dressing, consisting of iodoform gauze, salicylic cotton wool and tow, on the 21st day, the cutaneous wound was found to be luxuriantly granulating, and on the second change, four weeks later, the dura mater proved to be also covered with granulations." The lesion healed completely in *four months*. No explanation is given of the slow progress of the healing process. No cerebral symptoms of any kind were observed at any stage of the case.—*Vratch*, No. 49, 1887.

VALERIUS IDELSON (Berne).

IV. Case of Traumatic Cephal-Hydrocele. Spontaneous Cure. By F. A. SOUTHAM (Manchester). Male child, æt. 6 months, fell down stairs. Fracture running obliquely across parietal and occipital region on the right side. Fourteen days afterwards a swelling was noticed over seat of fracture, oval, soft, fluctuating and pulsating.

Moderate pressure was applied with a pad of lint and a bandage.

In a month the swelling entirely disappeared and the child seemed all right, though there was still a marked depression in the bone along the line of the fracture. An illustration is given and references to